MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-000172
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5095 Registrar's No. 17

AMENDED

FILED FEB 5 1962

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Amsterdam West Point
Length of stay in 1b: 58 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ½ mi. S. E. Amsterdam
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Bates
c. CITY OR TOWN: Amsterdam
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): ½ mi. S.E. Amsterdam
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Joseph Middle: Ernest Last: Trued

4. DATE OF DEATH: Month: ~~Jan~~ Day: ~~8~~ Year: ~~62~~ Jan. 8, 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-18-1887
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months 7 Days 20
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Nebraska
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Trued
13b. MOTHER'S MAIDEN NAME: Emma Anderson
14. NAME OF HUSBAND OR WIFE: Allie Trued

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Mrs. Allie Trued, Amsterdam, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Metastatic Intracranial Lympho Sarcom not determined — 9 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Lymphosarcoma of left tonsil

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Acute Cholecystitis surgery 3 22 1960

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 22 1960, to Jan 8 1962 and last saw her/him alive on Dec 25 19

Death occurred at 3:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Burl Chartrand M. D.
22b. ADDRESS: Drexel, Mo.
22c. DATE SIGNED: 1-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-10-62
23c. NAME OF CEMETERY OR CREMATORY: Scott Cemetery
23d. LOCATION (City, town, or county) (State): Amsterdam, Mo.

24. FUNERAL DIRECTOR ADDRESS: Archer & Mangold, Amsterdam, Mo.
25. DATE RECD. BY LOCAL REG.: 1-30-62
26. REGISTRAR'S SIGNATURE: Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

VS FEB 7 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Robert L. Mangold

Licensed Embalmer No. 4972

P. O. Address LaCygne, Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.